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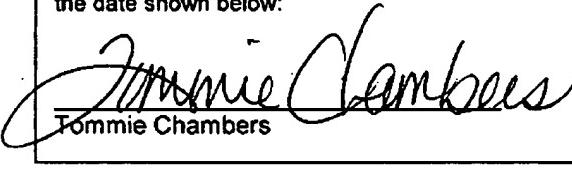
From: W. Daniel Swayze, Jr.
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JUN 20 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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<input type="checkbox"/> DIVISIONAL APP'N	<input checked="" type="checkbox"/> CONFIRMATION FOR ORAL HEARING
NAME OF INVENTOR(S): Efland	
RECEIPT DATE & SERIAL NO.: Serial No.: 10/039,663	
TITLE OF INVENTION: INDIVIDUALIZED LOW PARASITIC POWER DISTRIBUTION LINES DEPOSITED OVER ACTIVE INTEGRATED CIRCUITS	
TI FILE NO.: TI-30955	DEPOSIT ACCT. NO.: 20-0668
FAXED: 06/20/2005 DUE: 06/27/2005 ATTY/SECY: wdsnic	

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TEXAS INSTRUMENTS
INCORPORATED
P O BOX 655474, M/S 3999
DALLAS, TX 75265

Appeal No: 2005-0888
Appellant: Taylor R. Efland et al. 71-30955
Application No: 10/039,663.
Hearing Room: B
Hearing Docket: A
Hearing Date: Wednesday, July 13, 2005
Hearing Time: 01:00 PM
Location: Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

CONFIRMATION of
HEARING DATE
DUE 6/27/05

NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

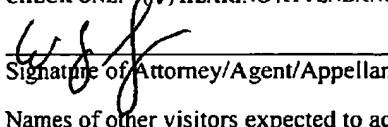
BPAI HEARINGS FAX No: (571) 273-0299

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED


Signature of Attorney/Agent/Appellant

6-20-2005

Date

34,478

Registration No.

Names of other visitors expected to accompany counsel: _____

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